



PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
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Fax (703)746-4000

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7590 06/03/2003

Shlesinger, Fitzsimmons & Shlesinger
Suite 1323
183 East Main Street
Rochester, NY 14604

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/082,842	02/21/2002	Albert G. Choate		4627

TITLE OF INVENTION: VARIABLE INCIDENCE OBLIQUE ILLUMINATOR DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650 \$665	\$300	\$950 \$965	09/03/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALAVI, ALI	2875	362-239000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. SHLESINGER,

2. FITZSIMMONS &

3. SHLESINGER

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☐ Advance Order - # of Copies _____

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deficiency only

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(Authorized Signature)

Reg. No. (Date)

33,166

11/24/03

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Adjustment date: 11/28/2003 SDIRETAE

11/26/2003 SDIRETAE 00000048 10082842

01 FC:1501

-1330.00 OP

11/26/2003 SDIRETAE 00000048 10082842

01 FC:1501

1330.00 OP

02 FC:1504

300.00 OP

11/26/2003 SDIRETAE 00000003 10082842

01 FC:1501

665.00 OP

TRANSMIT THIS FORM WITH FEE(S)